

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	WBM	450501	
OIGPE CLASSIFIER	5701		(5/16/00)
FORMALITY REVIEW	MMA	07/26/00	
RESPONSE FORMALITY REVIEW			07/26/00

## **INDEX OF CLAIMS**

<input checked="" type="checkbox"/>	Rejected	N .....	Non-elected
<input type="checkbox"/>	Allowed	I .....	Interference
<input type="checkbox"/>	(Through numeral)... Canceled	A .....	Appeal
<input type="checkbox"/>	Restricted	O .....	Objected

Claim	Final Original	07/09/05 01/05/04 08/26/04	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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